



115022

6 Latest address in country of origin/country of domicile

Street & no.		Tel.
Postcode, City/town		
District	Region	
Setting up home with		

7 Husband/Wife/Partner - personal particulars

Surname /Family name		Previous surname	
Given names (in full)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth date (yr, mth, day, ID digits, if any)
Citizenship		Previous citizenship, if any	
Current address (street & no., postcode & district, country)			Co-applicant(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes

8 Children - personal particulars **Total number of sons:** **Total number of daughters:**

Surname (Family name)		Previous surname	
Given names (in full)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth date (yr, mth, day, ID digits, if any)
Place/Country of residence		Child(ren) Yes, (number): <input type="checkbox"/> No <input type="checkbox"/>	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased yr:			
Citizenship		Previous citizenship, if any	
			Co-applicant(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes
Surname (Family name)		Previous surname	
Given names (in full)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth date (yr, mth, day, ID digits, if any)
Place/Country of residence		Child(ren) Yes, (number): <input type="checkbox"/> No <input type="checkbox"/>	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased yr:			
Citizenship		Previous citizenship, if any	
			Co-applicant(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes
Surname (Family name)		Previous surname	
Given names (in full)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth date (yr, mth, day, ID digits, if any)
Place/Country of residence		Child(ren) Yes, (number): <input type="checkbox"/> No <input type="checkbox"/>	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased yr:			
Citizenship		Previous citizenship, if any	
			Co-applicant(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes
Surname (Family name)		Previous surname	
Given names (in full)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth date (yr, mth, day, ID digits, if any)
Place/Country of residence		Child(ren) Yes, (number): <input type="checkbox"/> No <input type="checkbox"/>	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased yr:			
Citizenship		Previous citizenship, if any	
			Co-applicant(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes



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9 Parents - personal particulars

Your father's surname (Family name)		Previous surname	
Given names (in full)		Birth date (yr, mth, day, ID digits, if any)	
Place/Country of residence	Child(ren) in Sweden <input type="checkbox"/> Yes (number):	Child(ren) in another country <input type="checkbox"/> Yes (number):	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widower <input type="checkbox"/> Deceased yr:			
Citizenship	Previous citizenship, if any	Co-applicant(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Your mother's surname (Family name)		Previous surname	
Given names (in full)		Birth date (yr, mth, day, ID digits, if any)	
Place/Country of residence	Child(ren) in Sweden <input type="checkbox"/> Yes (number):	Child(ren) in another country <input type="checkbox"/> Yes (number):	
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widow <input type="checkbox"/> Deceased yr:			
Citizenship	Previous citizenship, if any	Co-applicant(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes	

10 Siblings - personal particulars**Number of brothers:****Number of sisters:**

Surname (Family name)		Previous surname	
Given names (in full)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth date (yr, mth, day, ID digits, if any)
Place/Country of residence	Child(ren) Yes, (number): <input type="checkbox"/> No <input type="checkbox"/>		
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased yr:			
Citizenship	Previous citizenship, if any	Co-applicant(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Surname (Family name)		Previous surname	
Given names (in full)		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth date (yr, mth, day, ID digits, if any)
Place/Country of residence	Child(ren) Yes, (number): <input type="checkbox"/> No <input type="checkbox"/>		
Marital status <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased yr:			
Citizenship	Previous citizenship, if any	Co-applicant(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes	

11 Relatives in Sweden

Surname, given names	Kinship relation	Citizenship	Living in Sweden since (yr)

